

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90449 027 \*\*\*150.00

**DOCUMENT # P96000043685**



1. Entity Name  
**A WOMYN'S TOUCH BOAT MAINTENANCE, INC.**

Principal Place of Business  
**7100 BISCAYNE BLVD.  
105  
MIAMI FL 33138  
US**

Mailing Address  
**POST OFFICE BOX 416711  
MIAMI BEACH FL 33141-8711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0666882**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WONG, PATRICIA  
8320 EAST DIXIE HWY  
MIAMI FL 33138**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PT                       | <input checked="" type="checkbox"/> Delete |
| NAME           | WALDMAN, JEAN            |  |
| STREET ADDRESS | 7100 BISCAYNE BLVD. #105 |  |
| CITY-ST-ZIP    | MIAMI FL 33138           |  |
| TITLE          | VPS                      | <input checked="" type="checkbox"/> Delete |
| NAME           | SINNETT, DEBRA           |  |
| STREET ADDRESS | 7100 BISCAYNE BLVD. #105 |  |
| CITY-ST-ZIP    | MIAMI FL 33138           |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PT                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WONG, PATRICIA          |  |
| STREET ADDRESS | 7100 Biscayne Blvd #105 |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          | VPS                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WONG, PATRICIA          |  |
| STREET ADDRESS | 8320 E. DIXIE HWY       |  |
| CITY-ST-ZIP    | MIAMI FL 33138          |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/20/03 305-756-4667**

CR2E034 (10/02)